



U.S. Environmental Protection Agency, Region IX
75 Hawthorne Street (ENF-2-2), San Francisco, CA 94105

NOTICE OF INSPECTION

The Environmental Protection Agency is responsible for ensuring compliance with the Resource Conservation and Recovery Act (RCRA) Public Law 94-580, as amended, Subtitle I Underground Storage Tanks (UST).

Deficiencies observed: ☐ Yes ☒ No FC Issued ☐ (UST-09-_____)

Pursuant to federal regulations of 40 CFR Part 280, during an inspection on 08/27/13, the following areas of concern were observed at your facility. The EPA wishes to work cooperatively with you as the owner and/or operator of this facility to resolve any deficiencies and requests that documentation demonstrating compliance be submitted by the date indicated below for each deficiency.

Deficiency 1: \$280.	Correct By: _____ <input type="checkbox"/> see back <input type="checkbox"/> see comment	Deficiency 4: \$280.	Correct By: _____ <input type="checkbox"/> see back <input type="checkbox"/> see comment
Deficiency 2: \$280.	Correct By: _____ <input type="checkbox"/> see back <input type="checkbox"/> see comment	Deficiency 5: \$280.	Correct By: _____ <input type="checkbox"/> see back <input type="checkbox"/> see comment
Deficiency 3: \$280.	Correct By: _____ <input type="checkbox"/> see back <input type="checkbox"/> see comment	Deficiency 6: \$280.	Correct By: _____ <input type="checkbox"/> see back <input type="checkbox"/> see comment

Comments:

Tank #1 & TANK #2 in operation. TANK 3 will be repaired due to leak observed during August.

Artec Petroleum came out in July 5, 2013 to change filters & do regular maintenance. On July 18, Artec Petroleum followed up after station noticed T3 super fail at -1.47 gal/hr.

Station manager, Rich Anderson has maintained all 12-month release detection records including annual tests for the site. Continue to keep monthly records for future inspections. Region 9 will continue to work with the Tribe to address release investigator.

The facts established by this inspection will be reviewed by personnel in the EPA Region 9 Office. A final determination of your facility's compliance with the EPA regulations will be made as a result of this review. The review may reveal additional deficiencies.

Facility ID and Name: FTMO-005 FT. MOJAVE SMOKE SHOP	Date: 08/27/13	Time In/Out: 9:30 am	Inspector: B. Bobby G.
Address: 8501 ARIZONA ROAD - MOHAVE VALLEY HIGHWAY		Facility Representative: Rich Anderson, Manager	
Receipt of this Notice of Inspection is acknowledged. 		US EPA R9 (415) 972-3374 signature of lead inspector 	
(signature of facility representative)		signature of assisting representative 	



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INSTRUCTIONS: Submit documentation to U.S. EPA and the implementing agency that demonstrates that all the corrections required for each deficiency have been met. These requirements are noted below and on the front of this form. The deadline for completion is noted on the front of this form. If there is a conflict between any hand-written comments on this form and printed requirements below, follow the written comments.

Federal Citation	Requirement	Federal Citation	Requirement
§280.20(a)(2)(ii): Installation of an improperly designed cathodic protection system for a metal tank.	The tank must meet corrosion protection standards.	§280.41(b)(1)(ii): Failure to conduct annual line tightness test or perform monthly monitoring on pressurized piping.	The annual line tightness test must be performed and a monthly or annual monitoring method must be implemented.
§280.20(b)(2): Failure to provide any cathodic protection for metal piping.	The piping must meet corrosion protection standards.	§280.43(d): Failure to provide equipment for ATG that tests for loss of product and conducts proper inventory control in accordance with 280.43(a).	Annual maintenance must be performed on the ATG.
§280.20(b)(2)(ii): Installation of improperly designed cathodic protection for metal piping.	The piping must meet corrosion protection standards.	§280.43(d)(1): Failure to provide adequate ATG that can detect a 0.2 gallon per hour leak from any portion of the tank. (not in USTRAC)	The ATG system must be able to detect a 0.2 gallon per hour leak from any portion of the tank.
§280.20(c)(1)(i): Installation of inadequate spill prevention equipment in a new tank.	The tank must meet spill prevention standards.	§280.44(a): Failure to have annual test of line leak detector for underground piping.	The annual test must be performed for each line leak detector.
§280.20(c)(1)(ii): Installation of inadequate overfill prevention equipment in a new tank.	The tank must meet overfill prevention standards.	§280.45: Failure to maintain every record of release detection monitoring.	Submit release detection records to U.S. EPA and implementing agency each month for the next three months.
§280.21(b)(1)(ii): Failure to meet Interior lining Inspection requirements for tank upgrade.	The interior lining of the tank must be inspected.	§280.45(a): Failure to document all release detection performance claims for 5 years after installation.	Submit all release detection performance claims to U.S. EPA and implementing agency.
§280.21(d): Failure to provide spill OR overfill prevention system for an existing tank.	See comments on front page.	§280.45(c): Failure to document every calibration, maintenance, and repair of release detection.	Annual maintenance of release detection monitoring must be performed.
§280.22(a): Failure to notify state or local agency within 30 days of bringing an UST system into use.	Submit UST Notification Form to U.S.EPA and implementing agency.	§280.70(a): Failure to continue operation and maintenance of cathodic protection system in a temporarily closed tank system.	The corrosion protection system must be maintained and operational.
§280.22(b): Failure to notify agency of existing tank	Submit UST Notification Form to U.S.EPA and implementing agency.	§280.70(a): Failure to continue operation and maintenance of release detection in a temporarily closed tank system.	Release detection must be maintained and operational.
§280.31(c): Failure to inspect impressed current systems every 60 days.	Submit the next two 60 day inspections of impressed current system.	§280.70(b): Failure to comply with temporary closure requirements for a tank system for 3 or more months.	See comments on front page.
§280.31(d): Failure to maintain every record of cathodic protection inspections.	See comments on front page.	§280.70(c): Failure to permanently close or upgrade a temporarily closed tank system after 12 months.	See comments on front page.
§280.33(d): Failure to ensure that repaired tank systems are tightness tested within 30 days of completion of repair.	The tank system must be tightness tested.	§280.71(a): Failure to notify implementing agency of a closure or change-in-service.	Submit UST Notification Form to U.S.EPA and implementing agency.
§280.34(b)(4): Failure to provide information showing that ATG was in test mode and within certification limits once per month.	Submit release detection records to U.S. EPA and implementing agency each month for the next three months.	§280.71(b): Failure to remove closed tank from the ground or fill tank with an inert solid for tank closure.	The tank must be properly closed.
§280.40(a): Failure to provide adequate release detection method	See comments on front page.	§280.93(a): Failure to comply with financial responsibility requirements by the required phase-in time.	The facility must meet Financial Responsibility Requirements.
§280.41(a): Failure to monitor tanks at least every 30 days, if appropriate.	See comments on front page.	§280.93(f): Failure to review and adjust financial assurance after acquiring new or additional USTs.	The facility must ensure new or additional USTs meet FR Requirements.
§280.41(b)(1)(i): Failure to equip pressurized piping with automatic line leak detector.	An automatic line leak detector must be installed for each line.		



TEST REPORT

CONTRACTOR Aztech Petroleum
CONTACT PERSON Mr. Paul Tucker
ADDRESS 4440 Able Dr.
CITY, STATE Kingman, AZ 86409
TELEPHONE (928) 757-8787
TANK ADDRESS Fort Mojave Smoke Shop - 8501 Hwy 95
CITY, STATE Mohave Valley, AZ 86440
TEST METHOD Estabrook Ezy3 Tank Test
TEST DATE 8/1/13

<u>TANK</u> <u>#3</u>	<u>CAPACITY</u> <u>10,000 Gallons</u>	<u>PRODUCT</u> <u>Super Unleaded</u>	<u>TANK</u> <u>TEST</u> <u>Fail</u>	<u>LINE TEST</u> <u>N/A</u>

REMARKS

The UST/AST system including no piping was (were) tested with Estabrook Ezy 3 equipment, which meets State and Federal regulations. Criteria require test methods which have a performance standard of +/-1 gph. leak rate detection. Estabrook Ezy 3 test results will reflect as a pass/fail status. The full system tightness test(s) did not pass, and is (are) not in compliance with regulations.

SIGNATURE

P.O. BOX 11727 PHOENIX, ARIZONA 85061 (602) 841-2550 FAX (602) 841-2497

**WESTEST INC.**P.O. BOX 11727 • PHOENIX, AZ 85061
(602) 841-2550 • FAX (602) 841-2497**EZY 3 LOCATOR PLUS**

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

FINAL REPORTDATE 8-1-13TOTAL TANK VOL. 9728PRODUCT VOL. 3943ULLAGE VOL. 5785PRODUCT TYPE PREMIUM UNL GASTANK OWNER FORT MOHAVE SMOKE SHOPTANK # 3- SUPER UNLEADEDLOCATION FORT MOHAVE SMOKE SHOP8501 HWY. 95MOHAVE VALLEY, AZ**THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:****TIGHT TANK**THIS UNDERGROUND STORAGE TANK PASSES THE CRITERIA SET FORTH BY THE U.S. EPA.**ULLAGE (DRY) PORTION LEAK**THIS UNDERGROUND STORAGE TANK FAILS THE CRITERIA SET FORTH BY THE U.S. EPA.**BELOW PRODUCT LEVEL (WET) PORTION LEAK**THIS UNDERGROUND STORAGE TANK FAILS THE CRITERIA SET FORTH BY THE U.S. EPA.**WATER SENSOR INDICATES:
(CHECK ONLY ONE)**NO WATER INTRUSION WATER INTRUSION NOT APPLICABLE Xjm**Operator Information:**Print Name: JAMES GRIFF JRCertification # T00017/406803Sign Name: James Griffith JrExpiration Date 12/14

Testing Firm: Westest Inc.

Telephone # (602) 841-2550

Address: P.O. Box 11727
Phoenix, Arizona 85061

226906 CPLUS 201
8501 HWY 95
MOHAVE VALLEY, AZ
90962267405001

AUG 1, 2013 10:11 AM

SYSTEM STATUS REPORT

T 3:PERIODIC TEST FAIL

INVENTORY REPORT

T 1:UNLEADED
VOLUME = 3844 GALS
ULLAGE = 6084 GALS
90% ULLAGE = 5411 GALS
TC VOLUME = 3252 GALS
HEIGHT = 35.03 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 99.1 DEG F

T 2:UNLEAD 2
VOLUME = 3354 GALS
ULLAGE = 6374 GALS
90% ULLAGE = 5401 GALS
TC VOLUME = 3258 GALS
HEIGHT = 35.10 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 100.5 DEG F

T 3:SUPER UNLEADED
VOLUME = 3948 GALS
ULLAGE = 5785 GALS
90% ULLAGE = 4812 GALS
TC VOLUME = 3814 GALS
HEIGHT = 39.41 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 106.4 DEG F

MANIFOLDED TANKS INVENTORY TOTALS

T 1:UNLEADED
T 2:UNLEAD 2
VOLUME = 6698 GALS
TC VOLUME = 6510 GALS

***** END *****

226906 CPLUS 201
8501 HWY 95
MOHAVE VALLEY, AZ
90962267405001

AUG 1, 2013 10:11 AM

CSLD TEST RESULTS

AUG 1, 2013 10:11 AM

T 1:UNLEADED
PROBE SERIAL NUM 300159
0.2 GAL/HR TEST
PER: AUG 1, 2013 PASS

T 2:UNLEAD 2
PROBE SERIAL NUM 294221
0.2 GAL/HR TEST
PER: AUG 1, 2013 PASS

T 3:SUPER UNLEADED
PROBE SERIAL NUM 237072
0.2 GAL/HR TEST
PER: AUG 1, 2013 FAIL

***** END *****

CSLD DIAGNOSTICS -----

T 3:SUPER UNLEADED
PROBE SERIAL NUM 237072

AUG 1, 2013 8:00 AM
TEST RATE: -1.59 GAL/HR
TOTAL TESTS: 27/52
TOTAL TIME: 26.4 HRS
AVE VOLUME: 2567 GALS
POS REJECTS: 0
THRUPUT EST: 11337 GALS
DISPENSE STATE: ACTIVE *

226906 CPLUB 201
8501 HWY 95
MOHAVE VALLEY, AZ
90962267405001

AUG 2, 2013 4:00 AM

INVENTORY REPORT

T 1:UNLEADED

VOLUME = 4661 GALS
ULLAGE = 5067 GALS
90% ULLAGE = 4094 GALS
TC VOLUME = 4524 GALS
HEIGHT = 44.55 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 101.7 DEG F

T 2:UNLEAD 2

VOLUME = 4670 GALS
ULLAGE = 5058 GALS
90% ULLAGE = 4085 GALS
TC VOLUME = 4532 GALS
HEIGHT = 44.62 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 102.3 DEG F

T 3:SUPER UNLEADED

VOLUME = 94 GALS
ULLAGE = 9634 GALS
90% ULLAGE = 8661 GALS
TC VOLUME = 91 GALS
HEIGHT = 3.34 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 103.5 DEG F

MANIFOLDED TANKS
INVENTORY TOTALS

T 1:UNLEADED

T 2:UNLEAD 2

VOLUME = 9331 GALS
TC VOLUME = 9056 GALS

***** END *****

226906 CPLUS 201
8501 HWY 95
MOHAVE VALLEY, AZ
90962267405001

AUG 1, 2013 2:17 PM

SYSTEM STATUS REPORT

T 3:PERIODIC TEST FAIL

INVENTORY REPORT

T 1:UNLEADED
VOLUME = 3126 GALS
ULLAGE = 6602 GALS
90% ULLAGE = 5629 GALS
TC VOLUME = 3039 GALS
HEIGHT = 33.40 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 99.4 DEG F

T 2:UNLEAD 2
VOLUME = 3172 GALS
ULLAGE = 6556 GALS
90% ULLAGE = 5583 GALS
TC VOLUME = 3081 GALS
HEIGHT = 33.75 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 100.7 DEG F

T 3:SUPER UNLEADED
VOLUME = 3799 GALS
ULLAGE = 5929 GALS
90% ULLAGE = 4956 GALS
TC VOLUME = 3676 GALS
HEIGHT = 38.36 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 105.8 DEG F

MANIFOLDED TANKS
INVENTORY TOTALS

T 1:UNLEADED
T 2:UNLEAD 2
VOLUME = 6298 GALS
TC VOLUME = 6120 GALS

***** END *****

226906 CPLUS 201
8501 HWY 95
MOHAVE VALLEY, AZ
90962267405001

AUG 1, 2013 4:32 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNLEADED
VOLUME = 4835 GALS
ULLAGE = 4893 GALS
90% ULLAGE = 3920 GALS
TC VOLUME = 4692 GALS
HEIGHT = 45.80 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 102.2 DEG F

T 2:UNLEAD 2
VOLUME = 4899 GALS
ULLAGE = 4829 GALS
90% ULLAGE = 3856 GALS
TC VOLUME = 4751 GALS
HEIGHT = 46.25 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 102.9 DEG F

MANIFOLDED TANKS
INVENTORY TOTALS

T 1:UNLEADED
T 2:UNLEAD 2
VOLUME = 9734 GALS
TC VOLUME = 9443 GALS

***** END *****

226906 CPLUS 201
8501 HWY 95
MOHAVE VALLEY, AZ
90962267405001

AUG 1, 2013 3:12 PM

SYSTEM STATUS REPORT

Q 3:FUEL OUT

INVENTORY REPORT

T 1:UNLEADED
VOLUME = 3325 GALS
ULLAGE = 6403 GALS
90% ULLAGE = 5430 GALS
TC VOLUME = 3233 GALS
HEIGHT = 34.89 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 99.5 DEG F

T 2:UNLEAD 2
VOLUME = 4544 GALS
ULLAGE = 5184 GALS
90% ULLAGE = 4211 GALS
TC VOLUME = 4408 GALS
HEIGHT = 43.72 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 102.7 DEG F

MANIFOLDED TANKS
INVENTORY TOTALS

T 1:UNLEADED
T 2:UNLEAD 2
VOLUME = 7871 GALS
TC VOLUME = 7642 GALS

***** END *****

ARCHIVE DIAGNOSTIC

JUL 31, 2013 2:54:00 PM
VERSION 119.05
SOFTWARE# 346119-100-F
CREATED - 00.02.25.12.15
S-MODULE# 330160-165-a

226906 CPLUS 201
8501 HWY 95
MOHAVE VALLEY, AZ
90962267405001

AUG 1, 2013 3:06 PM

SYSTEM STATUS REPORT

T 3:PROBE OUT

T 3:DELIVERY NEEDED

T 3:PERIODIC TEST FAIL

Q 3:FUEL OUT

INVENTORY REPORT

T 1:UNLEADED
VOLUME = 3193 GALS
ULLAGE = 6595 GALS
90% ULLAGE = 5562 GALS
TC VOLUME = 3104 GALS
HEIGHT = 33.90 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 99.4 DEG F

T 2:UNLEAD 2
VOLUME = 4481 GALS
ULLAGE = 5247 GALS
90% ULLAGE = 4274 GALS
TC VOLUME = 4348 GALS
HEIGHT = 43.27 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 102.4 DEG F

MANIFOLDED TANKS
INVENTORY TOTALS

T 1:UNLEADED
T 2:UNLEAD 2
VOLUME = 7674 GALS
TC VOLUME = 7451 GALS

***** END *****

226906 CPLUS 201
8501 HWY 95
MOHAVE VALLEY, AZ
90962267405001

AUG 1, 2013 3:12 PM

SYSTEM STATUS REPORT

Q 3:FUEL OUT

TEXMO OIL CO., INC.

2950 E. Andy Devine
Kingman, AZ 86401
(928) 753-3363 • (928) 753-5747
Fax (928) 753-9057

DELIVERY RECEIPT

No. 87017

SOLD TO:

Sprink Shop

DATE:

8-1-13

SHIPPED

TO:

Quinn Sprink AZ

BILL OF LADING #:		DRIVER SIGNATURE: <i>[Signature]</i>		SHIPPED VIA CARRIER: <i>[Signature]</i>	
GROSS	NET	DESCRIPTION	HAZARDOUS WARNINGS		STICK READINGS
					BEFORE AFTER
<i>3799</i>		Unleaded Super Oct. 91	GASOLINE, 3,	UN1203, P.G. II	<i>38.36</i> <i>1"</i>
		Unleaded Plus Oct. 89	GASOLINE, 3,	UN1203, P.G. II	
<i>3126</i>	<i>4535</i>	Unleaded Oct. 87	GASOLINE, 3,	UN1203, P.G. II	<i>33.40</i> <i>45.35</i>
<i>3172</i>	<i>4599</i>	*Clear Low Sulfur Diesel #2 500 PPM Sulfur Maximum	DIESEL FUEL, 3,	NA1993, P.G. .III	<i>33.75</i> <i>45.99</i>
		Clear Ultra Low Sulfur Diesel #2 15 PPM Sulfur Maximum	DIESEL FUEL, 3,	NA1993, P.G. .III	
		*Low Sulfur RED DYED Diesel #2 Off-Road Only, 500 PPM Sulfur Maximum, NON TAXABLE USE ONLY, PENALTY FOR TAXABLE USE	DIESEL FUEL, 3,	NA1993, P.G. .III	
QUANTITY	UNIT	<i>Pump - Prem Fuel And TRANSFERRED TO unload Tanks 1 1/2</i>			
		<i>1.00 PM TO</i>			
		<input type="checkbox"/> If checked, Gasoline contains 10% Ethanol-Ethanol blends contain 3.5% oxygen by weight.			
		* = Low Sulfur Diesel-Federal Law prohibits use in model year 2007 and later highway vehicles and engines.			

EMERGENCY CONTACT in case of hazardous material accidents 1-800-633-8253

UNLOADING TIME: DATE <i>8-1-13</i>	TRUCK	TRAILER	OUR PUMP USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RATE
	<i>33</i>	<i>327</i>	C.O.D. <input type="checkbox"/> YES <input type="checkbox"/> NO	RATE
	LOADED MILES		SPLIT DELIVERY <input type="checkbox"/> YES <input type="checkbox"/> NO	RATE
	EMPTY MILES		SPLIT LOAD <input type="checkbox"/> YES <input type="checkbox"/> NO	RATE
	TOTAL		DEMURRAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	RATE
ARRIVE				
DEPART				
EXP. FOR DELAY				
UNLOADING DRIVER <i>[Signature]</i>				

BUYER SHALL PAY TO SELLER ANY EXPENSE INCURRED IN RECOVERING POSSESSION OF SAID PROPERTY OR IN COLLECTING ANY UNPAID BALANCE OF THE PURCHASE PRICE INCLUDING COURT COSTS AND A REASONABLE ATTORNEY'S FEE. BUYER ALSO AGREES TO PAY A SERVICE CHARGE OF 1-1/2% PER MONTH ON ALL PAST DUE ACCOUNTS.

X [Signature]

US EPA Region 9 - UST Inspection Checklist

Date: 8/27/13

I. Owner Name

II. Facility Name

Tribe: Ft. Mojave Development
Address: 500 Merryman
City: Needles State: CA Zip Code: 92363
Contact Person: Russell RPH Phone #:
Email:

Address: Ft. Mojave Smoke Shop
City: Ft. Mojave State: AZ Zip Code: 86446
Operator: Phone #:
Email:
Facility ID#: FTMO-005 Lat.: Long.:

III. TANK INFORMATION

TANK #	1	2	3
Is tank Active (A), Temporarily Closed (TC), Permanently Closed (PC), Out of Use (OU)	A	A	INACTIVE
What Month and Year was Tank Installed <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Known	1994	1994	1994
Specify Type and Material of Construction of Tank(s)	FRP	FRP	FRP
What Is the Capacity in Tank (in gallons)	10K	10K	10K
D - Diesel, S - Super Premium, R - Regular Unleaded, MG - Mid-grade, W - Waste Oil	S	R	R

Release Detection

IV. TANKS

Only 1 of the 7 methods must be checked to be in compliance

Do all active tanks have a monthly release detection method? (Select applicable method below)
Failure to provide release detection method for tank: 280.40(a) = \$420.

- ☒ Automatic Tank Gauging (ATG) ☐ YES ☐ NO
OR, ☐ Statistical Inventory Reconciliation (SIR) Complete Section XIII
OR, ☐ Groundwater Monitoring (GM) Complete Section XIV
OR, ☐ Vapor Monitoring (VM) Complete GM Checklist
OR, ☐ Double Walled Tank with Interstitial Monitoring (IM) Complete VM Checklist
OR, ☐ Inventory Control (IC) and Tank Tightness Testing every 5 years for new/upgraded tanks, otherwise annual. (Valid only 10 years after CP installation) Complete IM Section
OR, ☐ Manual Tank Gauging (MTG) (2,000 gallons or less) Complete IC Checklist
Complete MTG Checklist

Comments: ELLD installed after 6/08 inspection

PREMIUM TANK #3 INACTIVE DUE TO RE-ENTRY

V. PRESSURIZED PIPING

Must have an Automatic Line Leak Detector and either Monthly or Annual method

Specify Construction Material of Piping:

Is pressurized piping equipped with an Automatic Line Leak Detector (LLD)?

Failure to equip pressurized piping with automatic line leak detector: 280.41 (b)(1)(i) = \$420

- ☐ YES ☐ NO
☐ Mechanical ☐ Electronic

Is an annual test of operation of the ELLD or MLLD available during the inspection?

Failure to document calibration, maintenance, and repair of release detection: 280.45(c) = \$70

- ☐ YES ☐ NO

Which Leak Detection Method is utilized for the Pressurized Piping System:

- ☐ Monthly ☐ Annually

MONTHLY:

Check Appropriate Monthly Method

- ☐ Secondary Containment w/ Monthly Monitoring (monthly liquid sump sensor print out, or visual log.)
☐ Ground Water Monitoring (GM)
☐ Vapor Monitoring (VM)
☐ Automatic Shut Off Device (liquid sensor able to shut down dispensing)
☐ Statistical Inventory Reconciliation (SIR)
☐ Electronic Line Leak Detector put in monthly 'test mode' at 0.2 gph
Failure to perform monthly monitoring on pressurized piping: 280.41(b)(1)(ii) = \$420

ANNUALLY:

Check Appropriate Monthly Method

- ☐ Annual Line Tightness Testing (LTT) conducted by certified contractor
☐ Electronic Line Leak Detector put in annual 'test mode' of 0.1 gph
Failure to have annual LTT or perform monthly monitoring on pressurized piping : 280.41(b)(1)(ii) = \$420

Comments: No Leak Detection of Pressurized Piping System have ability to do Monthly Monitoring w/ Liquid Sump Sensor, but not currently functioning 8.0 08/27/13

8.0. 08/27/13

FIMO-005

FT. MORTALE

SMOKE

SHOP

VI. SUCTION PIPING

Only 1 of the 3 methods needs to be checked to be in compliance

Specify Construction Material of Piping:

Conduct LLT every 3 years - Failure to conduct LTT on suction piping: 280.41(b)(2) = \$420

☐ YES☐ NO

OR, Documented as intrinsically safe (i.e. having only one check valve directly under pump, slope of pipe to drain back to tanks, operates at less than atmospheric pressure)?

☐ YES☐ NO

OR, Approved Monthly Method (cont. alarm system, automatic shut off device, automatic flow restrictor, SIR)

☐ YES☐ NO

Failure to use monthly monitoring on suction piping: 280.41(b)(2) = \$420

Comments:

VII. RECORD KEEPING

Has a notification form (and certification) been submitted for new tanks within 30 days?

☒ YES☐ NO

Failure to notify implementing agency within 30 days of bringing UST system into use: 280.22(a) = \$420

Have all USTs been included in the notification form?

☒ YES☐ NO

Failure to notify agency of existing tank: 280.22(b) = \$420

Are monthly release detection (RD) records for tanks maintained? (12 months of records)

☐ YES☒ NO

Failure to maintain records of release detection monitoring: 280.45 = \$210

Are functionality tests for RD maintained for at least 1 year? (LTT, ATG certification, Probe certification)

☐ YES☒ NO

Failure to maintain results of monitoring and testing of functionality for release detection for 1 year: 280.45(b) = \$70

Are RD performance claims (e.g., 3rd party certifications) maintained for up to 5 years?

☐ YES☐ N/A☒ NO

Failure to document all release detection performance claims for 5 years after installation: 280.45(a) = \$70

Have repaired USTs/piping been tightness tested within 30 days of repairs?

☐ YES☒ N/A☐ NO

Failure to ensure that repaired tank systems are tightness tested within 30 days: 280.33(d) = \$420

Comments:

VIII. SPILL AND OVERFILL PROTECTION

Does the facility have spill prevention and is it functioning properly?

☒ YES☐ NO

Failure to use spill prevention for new system 280.20(c) or existing system 280.21(d) = \$420

Is overfill prevention device present and operational?

☒ Flapper☐ Ball Float☐ Audible Alarm

Failure to install adequate overfill prevention equipment in a new tank: 280.20(c)(1)(ii) = \$210

Comments:

IX - A. TEMPORARY CLOSURE

Is there 1" or less product in each tank? (If not empty, leak detection is required)

☐ YES☐ NO

Failure to comply with temporary closure requirements for system for 3 or more months: 280.70(b) = \$420

Are vent lines left open and functional; are all other lines, pumps, man ways, and ancillary equipment capped?

☐ YES☐ NO

Failure to comply with temporary closure requirements for system for 3 or more months: 280.70(b) = \$420

Has corrosion protection been maintained? (for new or upgraded tanks)

☐ YES☐ NO

Failure to continue operation and maintenance of corrosion protection system: 280.70(a) = \$210

Has release detection been maintained? (required if tanks have more than 1" fuel)

☐ YES☐ NO

Failure to continue operation and maintenance of release detection method: 280.70(a) = \$420

Is the UST system upgraded if the facility has been 'Temporarily' closed for more than 12 months?

☐ YES☐ NO

Failure to permanently close or upgrade a temporarily closed tank system after 12 months: 280.71(c) = \$420

Comments:

IX - B. PERMANENT CLOSURE

Has a notification form for closure or change of service been submitted?

☐ YES☐ NO

Failure to notify implementing agency of a closure or change-in-service: 280.71(a) = \$420

Has the tank been removed from the ground or filled with an inert solid for tank closure?

☐ YES☐ NO

Failure to remove closed tank from the ground or fill tank with an inert solid for tank closure: 280.71(b) = \$420

Comments:

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X. FINANCIAL RESPONSIBILITY (FR)**Does facility have required pollution prevention insurance?**

Failure to comply with FR requirements by the required phase-in-time: 280.93(a) = \$210

☐ YES☐ NO

Comments: Operator stated that FR was current, but no record on site. Will need to receive a copy for file.

XI. SIGNIFICANT OPERATION COMPLIANCE (SOC)**Is facility in SOC with release prevention (RP) requirements?**

(To determine SOC status, review section VIII and section XII only.)

All applicable entries must be answered **YES** to be in SOC.☐ YES☐ NO**Is facility in SOC with release detection (RD) requirements?**

(review section IV, V, and VI of the general checklist AND appropriate specific RD method checklist (GM, IM, IC, MG).)

All applicable entries must be answered **YES** to be in SOC.☐ YES☐ NO

Comments:

XII. CATHODIC PROTECTION (Tank and Piping)**Is the UST system utilizing CP, if required?**

Instillation of an improperly designed and constructed metal tanks that fails to meet corrosion protection standards: 280.20(a)(2) = \$420

Failure to provide any cathodic protection to metal piping: 280.20(b)(2) = \$420

Failure to perform replacement upgrade, or closure for existing substandard tank system: 280.21(a) = \$1300
(All penalties may be multiplied by the number of tanks and/or piping runs in violation.)☐ YES☐ N/A☐ NO**Are any metal connections (piping joints, swing joints, fittings, connections, etc.) either cathodically protected or not in contact with the soil or ground?**

Failure to install a properly designed cathodic protection system: 280.20(a)(2)(ii) = \$420

☐ YES☐ NO**What is the instillation date of the Cathodic Protection System?**

Comments:

A. Impressed Current (Tank and Piping)**Does rectifiers electrical source provide power 24 hours a day, 7 days a week?**

Failure to operate and maintain corrosion protection system continuously: 280.31(a) = \$210

☐ YES☐ NO**Look at Clock in rectifier box to determine if rectifier has been turned off or without power longer than 60 DAYS.** (If clock has been turned off, the inspector can work backwards to the inspection date and calculate a reasonable estimate of what the clock hours should be)**Are VOLTAGE and AMP readings documented every 60 DAYS for the past 1 year?**

Failure to inspect impressed current system every 60 days: 280.31(c) = \$210

☐ YES☐ NO**Are tightness test records verifying tanks and piping were tightness tested within****30 DAYS of repair completion?** (not required for tank using monthly monitoring)

Failure to ensure that repaired tank system is tightness tested within 30 days of completion of repair: 280.33(d) = \$420

☐ YES☐ NO**Has appropriate monitoring been conducted within 6 MONTHS of installation?**

Failure to inspect impressed current system every 60 days: 280.31(c) = \$210

☐ YES☐ NO**Has appropriate monitoring been conducted every 3 YEARS after initial monitoring?**

Failure to ensure proper operation of cathodic protection system: 280.31(b)(1) = \$210

☐ YES☐ NO**Are records on file for last 2 monitoring results (tests required every 3 years)**

Failure to maintain records of cathodic protection inspections: 280.31(d) = \$70

☐ YES☐ NO**Does the most recent CP system test show that corrosion protection was adequate (-850 mV) and that any non-passing results were promptly investigated and corrected to achieve a passing result?**

Failure to ensure proper operation of cathodic protection system: 280.31(b) = \$210

☐ YES☐ NO

Comments:

8.0

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FT. MOJAVE SMOKE SHOP

B. Galvanic Protection - ANODES (tank only)

Has the CP system been tested within the last **3 YEARS**?☐ YES ☐ NO

Failure to ensure proper operation of cathodic protection system: 280.31(b)(1) = \$210

Does the most recent CP system test show that corrosion protection was adequate (-850 mV) and that any non-passing results were promptly investigated and corrected to achieve a passing result?

☐ YES ☐ NO

Failure to ensure proper operation of cathodic protection system: 280.31(b) = \$210

Are tightness test records verifying tanks and piping were tightness tested within **30 DAYS** of repair completion? (not required for tank using monthly monitoring)☐ YES ☐ NO

Failure to ensure that repaired tank system is tightness tested within 30 days of completion of repair: 280.33(d) = \$420

Has testing been conducted within **6 MONTHS** of any repair to CP system? (must be completed by a corrosion expert)☐ YES ☐ NO

Failure to test cathodic protection system within 6 months of repair of an UST system: 280.33(e) = \$210

Comments:

C. Internal Lining (tank only)

Verify that the Internal Lining was re-inspected within **10 YEARS** after installation and every **5 YEARS** thereafter?☐ YES ☐ NO

Failure to meet interior lining inspection requirements for tank upgrade: 280.21(b)(1)(ii) = \$210

Did the tank pass the internal lining re-inspection, **OR** was **ONE** of the following done:

- ☐ Lining repaired
- ☐ Cathodic Protection System Installed (if tanks metal thickness is $\geq 75\%$ original thickness)
- ☐ Tank permanently closed

Has the internal lining been inspected by a procedure acceptable to the jurisdiction?

☐ YES ☐ NO

Comments:

XIII. AUTOMATIC TANK GAUGING SYSTEM, if applicable

Release detection monitoring system requirements for Probability of Detection (PD = 95%) and Probability of False Alarm (PFA = 5%) must be met. Older ATG systems may not have the 3rd party certification documenting compliance with the PD/PFA requirements. Such systems must conduct Inventory Control as part of their method implementation.

Manufacturer, Name and Model Number of system:

Veeder Root TLS-350

Duration of test:

hr

Type of test:

gph

Are monthly monitoring and testing records available for the past 12 months?

☐ YES ☒ NO

Failure to maintain results of monitoring for release detection for at least one year: 280.45(b) = \$70

Can ATG system detect a leak of 0.2 gph or less? (note: review manufacturer's product claims)

☒ YES ☐ NO

Failure to adequately operate or or maintain automatic tank gauging system: 280.43(d)(1) = \$210

Is the 3rd party certification for the ATG system available? (must be kept for 5 years after installation)

☐ YES ☒ NO

Failure to document all release detection performance claims for 5 years after installation: 280.45(a) = \$70

Does documentation exist showing that the ATG was in test mode within its certification limits (i.e. size of tank, duration, etc.) a minimum of once a month? (review 3rd party certification and compare with actual receipts)

☐ YES ☒ NO

Failure to maintain documentation of compliance with release detection requirements: 280.34(b)(4) = \$70

Is monitoring box accessible and operational (power is on, roll of paper exists, etc.)? Was ATG in test mode within its certification limits a minimum of once a month?

☒ YES ☐ NO

Inadequate operation and maintenance of automatic tank gauging system: 280.43(d) = \$420

Was a sufficient amount of product in each tank for monthly test to be considered valid? (many tank gauges have limitations on the volume and product that must be in the tank in order to conduct the test)

☒ YES ☐ NO

Inadequate operation and maintenance of automatic tank gauging system: 280.43(d) = \$420

Is documentation available verifying method meets minimum performance standards of detecting a release of 0.20 gph with probability of detection of 95% and of false alarm of 5%?

☐ YES ☒ NO

Failure to document all release detection performance claims of 5 years after installation: 280.45(a) = \$70

Are monthly monitoring and testing records available for the past 12 months?

☐ YES ☒ NO

Failure to maintain results of monitoring release detection for at least 1 year: 280.45(b) = \$70

Comments:

Only maintaining records for tanks, not piping. Tank not filled above 50%, but are running CSLD.

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FT. MOJAVE SMOKE SHOP

XIV. STATISTICAL INVENTORY RECONCILIATION (SIR), if applicable

Vendor/Software Name:

Leak Rate:

Threshold

Max

Tank Capacity:

Criteria for reporting a suspected release:

A single analysis indicating a leak or failed test.

Inconclusive results indicate Non-compliance with monthly leak detection requirements

Statistical analysis performed every month?

Failure to monitor tanks at least every 30 days: 280.41(a) = \$420

☐ YES☐ NO**Inventory conducted according to SIR providers specifications?**☐ YES☐ NO**Is dip stick graduate to 1/8"? Is dip stick end worn or split?**☐ YES☐ NO**Does totalizer on dispenser show the annual calibration check (weighs and measures seal?)**☐ YES☐ NO

Is documentation available verifying method meets minimum performance standards of detecting a release of 0.20 gph with probability of detection of 95% and probability of false alarm of 5% (Review 3rd party certification)? Note: It must be kept or 5 years.

☐ YES☐ NO

Failure to document all release detection performance claims for 5 years after instillation: 280.45(a) = \$70

Are monthly monitoring and testing records available for the past 12 months?

Failure to maintain results of monitoring release detection for at least 1 year: 280.45(b) = \$70

☐ YES☐ NO**Are monthly monitoring analytical results returned to the owner/operator in a timely period? (i.e. 10 days or less)**☐ YES☐ NO

Comments:

J.O

08/27/13

Claim Reporting Guide

Environmental - Storage Tank System



Company Information

You will be asked to provide your telephone number to the Claim Reporting Center, this number will key some basic information. Including such things as the Company Name, Location and the Policy Number.

Accident Information

Date of the Incident

8-1-13

Incident time

10:00

AM PM

Incident location

Fort Mojave Smokeshop 8501 Hwy 95

City

Mohave Valley

State

AZ

Please give description of the incident

ON 7-19-13 AZ TEC Petroleum was contacted to double check on a fuel test that showed failed. AZ TEC showed up on site 7-23-13 and had the same results. AT that time AZ TEC made contact with West Test, at that time the earliest time that they could show up was 8-1-13.

When and how was the loss discovered?

On the 8-1-13 West test performed a test that confirmed tank #3 was leaking fuel. EPA was contacted before test was performed and on site while test was being performed. Fuel was removed within 7-8 hr after confirmation.

Estimated loss in gallons

2000 gallons

Were the authorities notified?

☒ Yes ☐ No
EPA

Was a case number given?

☐ Yes ☒ No

If yes, what is the case number?

NOT ASSIGNED YET

Claimant Information

Was there any third party property damage?

☐ Yes ☒ No

Describe the damage to the property

Were there any bodily injuries?

☐ Yes ☒ No

Describe the injuries

Who is/are the party(ies)?

Name

Address

Telephone number

City

State

Corrective Action

Have you retained a contractor?

☐ Yes ☒ No

If yes, who is the contractor?

All Bids are being submitted.

Contractor's telephone number and address

Is there any additional information you would like to add?

Fuel was removed as soon as the leak was confirmed. More test will be performed 8-27-13 so we can move further in collecting the issue.

Has any assessment or testing been performed?

☒ Yes ☐ No

(West Test)



Contracting, Sales & Service
KINGMAN BRANCH OFFICE

KINGMAN - MAIN OFFICE
928-757-8787 OR 800-872-4117
4440 ABLE DR. - KINGMAN, AZ 86409
FAX: 928-692-0929

WORK ORDER# K 9484
DATE: 8/1/13
PO# or CALL# _____
TECH: Justin NO. _____
TIME IN: 8:00 TIME OUT: 5:00

CUSTOMER: FT Mojave Smoke Shop
ADDRESS: _____
CITY/STATE: FT Mojave AZ
PHONE: _____

INVOICE TO: _____
ADDRESS: _____
CITY/STATE: _____
PHONE: _____

DESCRIPTION OF SERVICE REQUESTED

DATE	TECHNICIAN	HRS. LABOR	HRS. TRAVEL	OT LABOR	OT TRAVEL
8/1/13	Justin	3.5	2		
8/1/13	Remy	5	1		

premium tank failed tank test
leaking 40 gallons a day.
Customer wants all premium moved to
united tanks.

DISPATCHED BY: _____

DESCRIPTION OF SERVICE PERFORMED

MATERIALS USED

AIR compressor
Diaphragm pump

NA

with lexemo truck and our
pump empty premium tank into
both united tanks, split even in
both tanks.

also blew all premium out
of line's.

Also put bailing wire and out
of service tag on premium
fill

And also re program tank monitor
to only see united tanks
to clear all alarm's.

MATERIALS TOTAL:

TAX: CITY - COUNTY - GOVT. - RESALE - RESERV. - WRNTY

LABOR HRS. 8.5 TRAVEL HRS. 3 OT

MILEAGE: _____ MILES@ _____ ¢ PER MILE

FUEL SURCHARGE: _____

SHIPPING & HANDLING: _____ SPECIAL FRGHT.

ENVIRONMENTAL CHARGE: _____

PAYMENTS: _____ CHECK NO. _____

BALANCE DUE: _____

PUMP TESTS

WARRANTY INFO.

FAULT _____
CAUSE _____
REMEDY _____
MODEL _____
SERIAL _____

CUSTOMER
SIGNATURE: _____



***** INVOICE *****

PAGE: 1

EATON SALES & SERVICE LLC - 008
3420 W. WHITTON AVENUE
PHOENIX, AZ 85017
(602) 415-3394

INVOICE NUMBER: 8031903-IN
INVOICE DATE: 1/22/2013
ORDER NUMBER: 8831762
ORDER DATE:
SALESPERSON: 0008
CUSTOMER NO: 0008203

SOLD TO:
FORT MOHAVE SMOKE SHOP
MR. PAUL GARCIA
P. O. BOX 6359
MOHAVE VALLEY, AZ 86446
CONFIRM TO
PAUL GARCIA

SHIP TO:
FT MOHAVE SMOKE SHOP (COD)
8501 HWY 95
MOHAVE VALLEY, AZ 86440

CUSTOMER P.O. SHIP VIA F.O.B. TERMS
COD NO TERMS

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
ATG\LLD						
COD - ATG/LLD 01/17/13						
ARRIVED ON SITE TESTED AND CERTIFIED 3 PRODUCT LINES WITH 2 PLLD ELECTRONIC LEAK DETECTORS, 1 ATG WITH CSLD PASSING RESULTS FOR THE 87 NORTH, 87 MIDDLE AND 91 SOUTH TANKS. ALL TESTS PASSED. DATE OF SERVICE 01/18/13						
/TRIPCH		1.00	1.00	0.00	350.00	350.00
TRIP CHARGE						
/FUELSC		1.00	1.00	0.00	24.00	24.00
FUEL SURCHARGE						
/LABS	EACH	1.00	1.00	0.00	150.00	150.00
ATG CERTIFICATION						
/LABS	EACH	3.00	3.00	0.00	95.00	285.00
LLD CERTIFICATION						
/EPA		1.00	1.00	0.00	8.50	8.50
ENVIRONMENTAL CHARGE						

PLEASE REMIT TO:
EATON SALES & SERVICE LLC
PO BOX 16405
DENVER, CO 80216-0405

NET INVOICE:	817.50
LESS DISCOUNT:	0.00
SALES TAX:	0.00
INVOICE TOTAL:	817.50

A SERVICE CHARGE OF 2% PER MONTH (24% ANNUAL PERCENTAGE RATE) BUT IN NO
EVENT HIGHER THAN THE HIGHEST LAWFUL RATE WILL BE ASSESSED ON ALL PAST DUE
ACCOUNTS. MINIMUM CHARGE OF 50¢.



EATON SALES & SERVICE LLC

3420 W. Whitton Avenue

Phoenix, AZ 85017

602-415-3394

www.eatonsaleservice.com

Monitoring System Certification

Contractor / Tank Owner: CASH AND CREDIT CARD SALES

Contact Person: CASH AND CREDIT CARD SALES

Address:

City, State, Zip Code: PHOENIX AZ 85017

Telephone:

Site Name: FT MOHAVE SMOKE SHOP (COD)

Site Address: 8501 HWY 95

City, State, Zip Code: MOHAVE VALLEY AZ 86440

Test Date: 1/18/2013 **Service Order:** 8831762

Comments:

COD - ATG/LLD 01/17/13

ARRIVED ON SITE TESTED AND CERTIFIED 3 PRODUCT LINES WITH 2 PLLD ELECTRONIC LEAK DETECTORS, 1 ATG WITH CSLD PASSING RESULTS FOR THE 87 NORTH, 87 MIDDLE AND 91 SOUTH TANKS. ALL TESTS PASSED.

EPA regulations require release detection methods which are maintained in accordance with manufacturer's instructions, including routine maintenance and service checks for operability. All sensors tested by inverting/initiating alarm and returning to normal position. All probes and sensors are removed, checked for residue buildup, and cleaned as necessary.

The equipment listed above IS operating in accordance with manufacturer's standards, and IS in compliance with regulations.

Technician GARY W. SWENSON

A handwritten signature in black ink, appearing to read "Gary Swenson".

State License # 1588 / 0873930-U3-ICC CP00069-ADEQ / 0873930-U3-ICC
T00006-ADEQ / 0873930-U1-ICC INR0207-ADEQ / 4848 /
91-1428 / 53997 CLASS 5/6 / UT 0244 / UTT-1048



EATON SALES & SERVICE LLC

3420 W. Whitton Avenue

Phoenix, AZ 85017

602-415-3394

www.eatonsaleservice.com

Monitoring System Certification

Contractor / Tank Owner: CASH AND CREDIT CARD SALES

Contact Person: CASH AND CREDIT CARD SALES

Address:

City, State, Zip Code: PHOENIX AZ 85017

Telephone:

Site Name: FT MOHAVE SMOKE SHOP (COD)

Site Address: 8501 HWY 95

City, State, Zip Code: MOHAVE VALLEY AZ 86440

Test Date: 1/18/2013 **Service Order:** 8831762

Comments:

DATE OF SERVICE 01/18/13

EPA regulations require release detection methods which are maintained in accordance with manufacturer's instructions, including routine maintenance and service checks for operability. All sensors tested by inverting/initiating alarm and returning to normal position. All probes and sensors are removed, checked for residue buildup, and cleaned as necessary.

The equipment listed above IS operating in accordance with manufacturer's standards, and IS in compliance with regulations.

Technician GARY W. SWENSON

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State License # 1588 / 0873930-U3-ICC CP00069-ADEQ / 0873930-U3-ICC
T00006-ADEQ / 0873930-U1-ICC INR0207-ADEQ / 4848 /
91-1428 / 53997 CLASS 5/6 / UT 0244 / UTT-1048



MONITORING SYSTEM CERTIFICATION

Eaton Sales and Service LLC
3420 West Whiston Avenue
Phoenix, AZ 85017
(602) 415-3394 Fax: (602) 415-3405
888-889-4472
www.eatonsalesandservice.com

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: FORT MAHAVE SMOKE SHOP

Bldg. No.: _____

Site Address: 8501 HWY 95

City: MOHAVE VALLEY, AZ

Zip: 86440

Facility Contact Person: PAUL GARCIA

Contact Phone No.: (702) 535-4700

Make/Model VEEDERROOT TLS-350

Serial # 90962267405001

Date of Testing/Servicing: 01 / 18 / 13

Technician Name GARY

Work Order # 8831762

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: T1 THRU T3 87 NORTH, 87 MIDDLE, 91 SOUTH

☒ In-Tank Gauging Probe. Model: MAG PLUS
☐ Annular Space or Vault Sensor. Model: _____
☐ Piping Sump / Trench Sensor(s). Model: _____
☐ Fill Sump Sensor(s). Model: _____
☐ Mechanical Line Leak Detector. Model: _____
☒ Electronic Line Leak Detector. Model: VR:PLLD
☐ Tank Overfill / High-Level Sensor. Model: _____
☒ Other (specify equipment type and model in Section E on Page 2).

Tank ID: n/a

☐ In-Tank Gauging Probe. Model: _____
☐ Annular Space or Vault Sensor. Model: _____
☐ Piping Sump / Trench Sensor(s). Model: _____
☐ Fill Sump Sensor(s). Model: _____
☐ Mechanical Line Leak Detector. Model: _____
☐ Electronic Line Leak Detector. Model: _____
☐ Tank Overfill / High-Level Sensor. Model: _____
☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: n/a

☐ In-Tank Gauging Probe. Model: _____
☐ Annular Space or Vault Sensor. Model: _____
☐ Piping Sump / Trench Sensor(s). Model: _____
☐ Fill Sump Sensor(s). Model: _____
☐ Mechanical Line Leak Detector. Model: _____
☐ Electronic Line Leak Detector. Model: _____
☐ Tank Overfill / High-Level Sensor. Model: _____
☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: n/a

☐ In-Tank Gauging Probe. Model: _____
☐ Annular Space or Vault Sensor. Model: _____
☐ Piping Sump / Trench Sensor(s). Model: _____
☐ Fill Sump Sensor(s). Model: _____
☐ Mechanical Line Leak Detector. Model: _____
☐ Electronic Line Leak Detector. Model: _____
☐ Tank Overfill / High-Level Sensor. Model: _____
☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1 THRU 6 3-DISPENSERS

☐ Dispenser Containment Sensor(s). Model: _____
☒ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: n/a

☐ Dispenser Containment Sensor(s). Model: _____
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: n/a

☐ Dispenser Containment Sensor(s). Model: _____
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: n/a

☐ Dispenser Containment Sensor(s). Model: _____
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: n/a

☐ Dispenser Containment Sensor(s). Model: _____
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: n/a

☐ Dispenser Containment Sensor(s). Model: _____
☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply): ☒ System set-up ☒ Alarm history report

Monitoring System Certification

D. Results of Testing/Serviceing

Software Version Installed: 119.05

Certifying Method of UST monitoring (circle one):

Static test (0.2 gph)

~~CSLD~~

Sensor

Certifying Method of Product Lines monitoring (circle one): *DW Pipe & Sump Sensor*

WPPLD

~~PLSD~~

CPT

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: -which sensors initiate positive shut-down? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No.
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments: CERTIFIED 1-ATG WITH PLLD ELECTRONIC LEAK DETECTORS & CSLD TANKS
87 NORTH, 87 MIDDLE, 91 SOUTH.
NO OTHER SENSORS, PROBES OR STATIC

Monitoring System Certification

F. In-Tank Gauging / SIR Equipment:

☐

- ☐ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments: 12 MONTHS PASSING RESULTS CSLD FOR THE 87 NORTH, 87 MIDDLE, 91 SOUTH TANKS IN VEEDEROOT HISTORY



EATON SALES & SERVICE LLC

3420 W. Whitton Avenue

Phoenix, AZ 85017

602-415-3394

www.eatonsaleservice.com

Line and Leak Detector Test Results

Contractor / Tank Owner: CASH AND CREDIT CARD SALES

Contact Person: CASH AND CREDIT CARD SALES

Address:

City, State, Zip Code: PHOENIX AZ 85017

Telephone:

Site Name:

FT MOHAVE SMOKE SHOP (COD)

Site Address: 8501 HWY 95

City, State, Zip Code: MOHAVE VALLEY AZ 86440

Test Date:

1/18/2013

Service Order: 8831762

This Line System Testing was performed using Accurite PPT Technology. This method meets or exceeds State and Federal regulatory criteria for detection (leak threshold) at a rate of +/- 0.01 gallons per hour (gph). The test period was a minimum of 30 minutes. Copies of third party certifications available on request.

Technician GARY W. SWENSON

A handwritten signature in black ink, appearing to read "Gary Swenson".

State License # 1588 / 0873930-U3-ICC CP00069-ADEQ / 0873930-U3-ICC
T00006-ADEQ / 0873930-U1-ICC INR0207-ADEQ / 4848 /
91-1428 / 53997 CLASS 5/6 / UT 0244 / UTT-1048



Eaton Sales and Service LLC
3420 West Whitton Avenue
Phoenix, AZ 85017
(602) 415-3394 Fax (602) 415-3405
888-889-4402
www.eatonsalesandservice.com

Line and Leak Detector Results

Site Name: FORT MOHAVE SMOKE SHOP

Technician GARY

Address: 8501 HWY 95

City MOHAVE VALLEY

Work Order# 8831762

State AZ 86440

Date: 01/17/13

TANK ID	PRODUCT
T2-Q1	87 middle
Leak Detector Test Results	
Time	1315
MFG	VR
Serial No.	248241
Test Rate (gph)	3.0
Operating Pressure	41
Static Pressure	19
Step Time (sec)	1 MIN SHUT DOWN
Leak Detector Test Conclusion: PASS FAIL	
Line Test Results	
Material:	STL / FRP / Flex
DW / SW	SW
Diameter (in)	2
Pump MFG	RJ
Pump Type	Pressure / Suction
Level	.0665
Level	.0650
Result	+ .003 GPH
Line Test Conclusion: PASS FAIL	

TANK ID	PRODUCT
T3-Q3	91 south
Leak Detector Test Results	
Time	1319
MFG	VR
Serial No.	248583
Test Rate (gph)	3.0
Operating Pressure	28
Static Pressure	19
Step Time (sec)	1 MIN SHUT DOWN
Leak Detector Test Conclusion: PASS FAIL	
Line Test Results	
Material:	STL / FRP / Flex
DW / SW	SW
Diameter (in)	2
Pump MFG	RJ
Pump Type	Pressure / Suction
Level	.0665
Level	.0650
Result	+ .003 GPH
Line Test Conclusion: PASS FAIL	

TANK ID	PRODUCT
N/A	xx
Leak Detector Test Results	
Time	xx
MFG	xx
Serial No.	xx
Test Rate (gph)	3.0
Operating Pressure	xx
Static Pressure	xx
Step Time (sec)	xx
Leak Detector Test Conclusion: PASS FAIL NA	
Line Test Results	
Material:	STL / FRP / Flex
DW / SW	
Diameter (in)	xx
Pump MFG	xx
Pump Type	Pressure / Suction
Level	xx
Level	xx
Result	N/A
Line Test Conclusion: PASS FAIL NA	

Comments: TESTING AGAINST SILVER BULLETS

WESTEST INC.

P.O. BOX 11727 • PHOENIX, AZ 85061
(602) 841-2550 • FAX (602) 841-2497

EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION DATA SHEET

DATE 8-1-13

TOTAL TANK VOL. 9728

PRODUCT VOL. 3943

ULLAGE VOL. 5785

PRODUCT TYPE PREMIUM UNL GAS

TANK OWNER FORT MOHAVE SMOKE SHOP

TANK # 3 - SUPER UNLEADED

LOCATION FORT MOHAVE SMOKE SHOP

8501 HWY 95

MOHAVE VALLEY, AZ

PRESSURE SENSOR CALCULATION

39 INCHES OF PRODUCT X .026 WEIGHT OF PRODUCT = 1.014 PSI (1)

0 INCHES OF WATER IN TANK X .036 = 0 PSI (2)

Line 1 + Line 2 = Total Positive Head Pressure In Tank = 1.014 PSI (3)

0 INCHES OF WATER OUTSIDE TANK X .036 = 0 PSI (4)

Total Head Pressure Minus Outside Water Pressure = 1.014 +/- PSI (5)

Always add .5 PSI + 0.5 PSI (6)

NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI

TEST PRESSURE = 1.514 +/- PSI (7)

IS 42.1 INCHES W.C.

Depth of Groundwater Determined:

By: ON SITE OBSERVATION

Where: DRY MONITOR WELLS

WATER SENSOR CALIBRATION

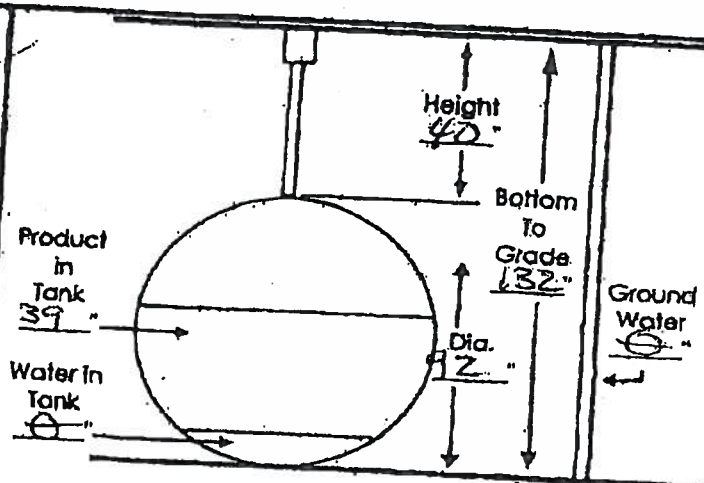
Added: Cal #1 Cal #2 Cal #3

Average: _____

Water Intrusion Test Period: Began: _____ Ended: _____

Calculation for Test Period: _____ ÷ 3780 = _____ + .05 = _____

Ave. Cal. "A" Factor Time of Test



Certificate Of Insurance Storage Tank Systems



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
USC 9421959 05	01/10/2013	01/10/2014	01/10/2013	70136000	0	0

Named Insured and Mailing Address:

FORT MOJAVE DEVELOPMENT CORP.
DBA FORT MOJAVE SMOKE SHOP
500 MERRIMAN AVENUE
NEEDLES CA 92363

Producer:

HEFFERNAN INSURANCE BROKERS
PO BOX 5608
WALNUT CREEK CA 94596-1608

CERTIFICATE:

This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions and conditions afforded by the policy or policies referenced herein.

1. Zurich American Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

Per Attached Scheduled Locations and
Scheduled Storage Tank(s) Systems

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$ 1,000,000 each occurrence and \$ 2,000,000 annual aggregate, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under policy # USC 9421959 05 . The effective date of said policy is 01/10/2013 .

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
 - c. Whenever requested by a Director of an implementing agency, the insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the Insured. A certificate holder shall have a right to notice of cancellation, non-renewal, material change, or any similar notice only if the person is named within the policy or endorsement(s) as an additional insured and the policy, endorsement(s), law or regulations of the state requires notice to be provided.

- e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Heather M. Rehm-Stelter
Product Line Manager
Authorized Representative of
Zurich American Insurance Company
One Liberty Plaza
New York, New York 10006



CERTIFICATE OF LIABILITY INSURANCE

FORTMOJ-01

MASDA1

DATE (MM/DD/YYYY)

11/1/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (WC) Heffernan Insurance Brokers 1350 Cariback Avenue Walnut Creek, CA 94596	CONTACT NAME:	
	PHONE (A/C, No, Ext): 1 (925) 934-8500 FAX (A/C, No): 1 (925) 934-8278	
INSURED Fort Mojave Indian Tribe 500 Merriman Street Needles, CA 92363	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Allied World Assurance Company	
	INSURER B: American Zurich Insurance Company	40142
	INSURER C: Steadfast Insurance Company	26387
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			TNM04020003	11/1/2012	11/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 100,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			BAP599378702	11/1/2012	11/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (PER ACCIDENT) \$				
							\$
A	UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	TNE02570003	11/1/2012	11/1/2013	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 5,000,000				
	DED \$	RETENTION \$	\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWB599340902	11/1/2012	11/1/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
*except 10 days for non-payment of premium

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

